CITY VIEW NURSING HOME 3030 CITY VIEW DRIVE

MADISON	53718	Phone: (608) 242-5020		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Con	junction with D	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/05):	50	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/05):	50	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31,	/05:	32	Average Daily Census:	33

Age, Gender, and Primary Diagnosis of	Length of Stay (12/31/05)							
Primary Diagnosis	*	Age Groups	*	Less Than 1 Year				
Developmental Disabilities	0.0	   Under 65	18.8	1 - 4 Years   More Than 4 Years	37.5 25.0			
Mental Illness (Org./Psy)	46.9	65 - 74	12.5	More man i rears				
Mental Illness (Other)	15.6	75 - 84	40.6	[ ]	100.0			
Alcohol & Other Drug Abuse	0.0	85 - 94	25.0	 				
Para-, Quadra-, Hemiplegic	3.1	95 & Over	3.1	Full-Time Equivalent				
Cancer			Nursing Staff per 100 Resident					
Fractures	3.1	İ	100.0	(12/31/05)				
Cardiovascular	0.0	65 & Over	81.3					
Cerebrovascular	6.3			RNs	7.7			
Diabetes	0.0	Gender	%	LPNs	21.7			
Respiratory	3.1			Nursing Assistants,				
Other Medical Conditions	21.9	Male	34.4	Aides, & Orderlies	39.8			
		Female	65.6					
	100.0	İ						
			100.0					

## Method of Reimbursement

		edicare			edicaid itle 19		Other		Private Pay		Family Care			Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	5.6	156	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	3.1
Skilled Care	3	100.0	373	17	94.4	133	0	0.0	0	6	100.0	175	0	0.0	0	5	100.0	133	31	96.9
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		18	100.0		0	0.0		6	100.0		0	0.0		5	100.0		32	100.0

CITY VIEW NURSING HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	5.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.9	Bathing	15.6		50.0	34.4	32
Other Nursing Homes	5.6	Dressing	9.4		78.1	12.5	32
Acute Care Hospitals	81.5	Transferring	31.3		37.5	31.3	32
Psych. HospMR/DD Facilities	0.0	Toilet Use	15.6		43.8	40.6	32
Rehabilitation Hospitals	0.0	Eating	59.4		25.0	15.6	32
Other Locations	0.0	*******	******	*****	*****	******	******
Cotal Number of Admissions	54	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6.3	Receiving Resp	iratory Care	9.4
Private Home/No Home Health	14.8	Occ/Freq. Incontiner	nt of Bladder	75.0	Receiving Trac	heostomy Care	3.1
Private Home/With Home Health	21.3	Occ/Freq. Incontiner	nt of Bowel	50.0	Receiving Suct	ioning	0.0
Other Nursing Homes	6.6	İ			Receiving Osto	my Care	3.1
Acute Care Hospitals	19.7	Mobility			Receiving Tube	Feeding	3.1
Psych. HospMR/DD Facilities	1.6	Physically Restraine	ed	6.3	Receiving Mech	anically Altered Diets	50.0
Rehabilitation Hospitals	0.0	<u> </u>				_	
Other Locations	1.6	Skin Care			Other Resident C	haracteristics	
Deaths	26.2	With Pressure Sores		3.1	Have Advance D	irectives	71.9
otal Number of Discharges		With Rashes		3.1	Medications		
(Including Deaths)	61	İ			Receiving Psyc	hoactive Drugs	87.5

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Owne	Ownership: Proprietary Peer Group % Ratio		Size:	Lic	ensure:				
	This	Pro			-99	Ski	lled	Al	1		
	Facility	Peer			Group	Peer Group		Faci	lities		
	%	%			% Ratio		% Ratio		Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	63.5	85.8	0.74	86.3	0.74	88.8	0.71	88.1	0.72		
Current Residents from In-County	87.5	81.3	1.08	80.0	1.09	83.2	1.05	77.6	1.13		
Admissions from In-County, Still Residing	20.4	16.8	1.22	18.8	1.08	18.7	1.09	18.1	1.12		
Admissions/Average Daily Census	163.6	216.2	0.76	180.5	0.91	177.7	0.92	162.3	1.01		
Discharges/Average Daily Census	184.8	217.8	0.75	178.7	1.03	179.2	1.03	165.1	1.12		
Discharges To Private Residence/Average Daily Census	66.7	100.9	0.66	87.1	0.77	83.4	0.80	74.8	0.89		
Residents Receiving Skilled Care	100	97.2	1.03	96.4		96.3	1.04	92.1	1.09		
<u> </u>					1.04						
Residents Aged 65 and Older	81.3	91.5	0.89	93.5	0.87	91.3	0.89	88.4	0.92		
Title 19 (Medicaid) Funded Residents	56.3	61.7	0.91	59.0	0.95	61.8	0.91	65.3	0.86		
Private Pay Funded Residents	18.8	19.4	0.96	24.5	0.76	22.5	0.83	20.2	0.93		
Developmentally Disabled Residents	0.0	0.9	0.00	0.8	0.00	1.1	0.00	5.0	0.00		
Mentally Ill Residents	62.5	28.9	2.16	31.6	1.98	34.8	1.79	32.9	1.90		
General Medical Service Residents	21.9	23.7	0.92	26.1	0.84	23.0	0.95	22.8	0.96		
Impaired ADL (Mean)	50.6	47.9	1.06	47.8	1.06	48.4	1.05	49.2	1.03		
Psychological Problems	87.5	59.1	1.48	57.6	1.52	59.5	1.47	58.5	1.50		
Nursing Care Required (Mean)	9.4	7.1	1.32	7.0	1.34	7.2	1.30	7.4	1.26		
Naibing care Required (Mean)	J. T	/	1.34	7.0	1.51	7.2	1.30	/ . =	1.20		